CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE	2 PERSON REPRESENTED	VOUCHER NUMBER
MAX	Pierre-Antoine, Richard	

3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
1:05-000816-001			

7. IN CASE/MATTER OF (Case Name)	8. PAYMENT CATEGORY	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE (See Instructions)
U.S. v. Pierre-Antoine	Felony	Adult Defendant	Criminal Case

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section)   If more than one offense, list (up to five) major offenses charged, according to severity of offense.

1) 18 922G. F -- UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCE

COPY

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS	13. COURT ORDER
WEINSTEIN, ELLIOT M. 228 LEWIS WHARF BOSTON MA 02110 Telephone Number: (617) 367-9334	☒ O Appointing Counsel ☐ C Co-Counsel ☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney ☐ P Subs For Panel Attorney ☐ V Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ ☐ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or ☐ Other (See Instructions)

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

Signature of Presiding Judicial Officer or By Order of the Court

05/04/2005
Date of Order   Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment.   ☐ YES   ☐ NO

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = $) TOTALS:					
16. a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = $) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					

GRAND TOTALS (CLAIMED AND ADJUSTED)

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
FROM _____ TO _____		

22. CLAIM STATUS   ☐ Final Payment   ☐ Interim Payment Number _____   ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or remimbursement for this case?   ☐ YES   ☐ NO   If yes, were you paid?   ☐ YES   ☐ NO
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation?   ☐ YES   ☐ NO   If yes, give details on additional sheets.
I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: _____   Date: _____

APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE